FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

227266

(4)

WINDS	OR APARTMENTS INC				1			
Principal Place	of Business	Mailing Address		•••		OUR CIBAL OLDIN DIGIL BIBAL BIBAL DIDIL 1881		
116 N E 7TH AVE DELRAY BEACH FL 33483 DELRAY BEACH F.			33483					
					3. Date Incorporated or Qualified 08/24/1959	3a. Date of Last Report 03/14/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21 Suite Ant 4	H oto	26			59-0905170	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Zip 29	Country 30	1	This corporation has liability for i Florida Statutes			
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New R	egistered Agent		
			81	Name				
COOK, N	MARION		82	Street	Address (P.O. Box Number is Not Acceptable	le)		
	7TH AVENUE					·		
APT. 2A			83					
DELRAY	BEACH FL 33483	•	84	City		Fi 85 Zip Code		
SIGNATURE _	o the provisions of Sections 607.0502 diagent, or both, in the State of Floric h, and accept the obligations of, Secti Signature trood or printed name of registered agent	on 607.0505, Florida Statutes.			orporation submits this statement for the purple board of directors. I hereby accept the apportunities when renstange	pose of changing its registered office pintment as registered agent. I am		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	S <i>I</i> [-	☐ DELETE	1. 1 TITLE		DIRECTOR	☐ Change K Addition		
NAME	ROBERTSHAW, BILL		1.2 NAME					
STREET ADDRESS	116 NE 7TH AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 00000		1.4 CITY - S	7 - ZIP				
TITLE	PT/1	☐ DELETE	2 1 TITLE		DIRECTOR	Change 🔀 Addition		
NAME CIRCULADORECO	THOMAS, CAROLYN 116 NE 7 AVE		22 NAME					
STREET ADDRESS CITY-S1-ZIP	DELRAY BCH, FL 00000		23 STREET					
TITLE	VP '	DELETE	2.4 CITY-S 3. 1 TITLE	1 - 7P	DIRECTOR	Change 🔀 Addition		
NAME	SAWYER, JOHN		3.2 NAME		DIRECTOR	change K Addition		
STREET ADDRESS	116 NE 7 AVE		3.3. STREET	LADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		3 4 CITY - S					
TITLE		DELETE	4. 1 TITLE		DIRECTOR	Change X Addition		
NAME			4.2 NAME		CROPPER, WALLY			
STREET ADDRESS			4.3 STREET	ADDRESS	116 NE 7 AVE			
CITY-ST-ZIP		·	44 CITY-S	T-ZIP	DELRAY BEACH, FL 3348	3		
TITLE		DELETE	5 1 TITLE		DIRECTOR	Change 🙀 Addition		
NAME			5.2 NAME		COOK, MARION			
STREET ADDRESS			5.3 STREET		116 NE 7 AVE			
CITY-ST-ZIP TITLE		☐ DELETE	54 CITY-S	T-ZIP	DELRAY_BEACH,_FL_334	83		
NAME		□ occent	6. 1 TITLE		ASST SEC/TREASURER	Change 🙀 Addition		
STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS	PIGNATO, JAMES V.			
					101 S.E. 5TH AVE, SUIT	ľE A		
14. I do hereby	certify that the information supplied w	vith this filing is voluntarily furnish	hed and does	s not qua	DELRAY BEACH, FL 334	53 07(3)(k), Florida Statutes. I further		
oath; that I	n e inicinador mucates on tris amba	ation or the receiver or trustee (ii report is tru empowered t	e ann ac	curate and that my signature shall have the set this report as required by Chapter 607, Flo	earno loggi offoct on if mode under		

JAMES V. PIGNATO SIGNATURE: VRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/19/96 1409-276-3821